

This becomes, then, one government expenditure which we recognize as constituting an investment which will help get the state government out of a direct role in health services and which encourages organized medicine to accept increasing responsibility. Without the stimulus of state and federal assistance at this time, of course, progress would be agonizingly slow in the development of the broad spectrum of services needed.

In the interim we must avoid the hazards through which we would forfeit the gains already made in California. While developing alternative means of treatment which will help meet the problem of increasing hospital admissions, we must at the same time intensify treatment efforts on our hospital wards.

At present there is sufficient staff for intensive treatment with newly admitted patients only. On about two-thirds of the wards in the state hospital system there are patients who do little more than eat, sleep and mark time. If these people are to be helped toward recovery, staffing for chronic patients should be doubled.

As state hospital buildings become obsolete and unfit, replacement beds should be located where they are needed—in the community, where the emphasis can be on services rather than beds. For this reason, state funds should be used as far as possible to help establish replacement beds in such facilities as existing county and community hospitals. Operational costs could be covered in part with state funds under the Short-Doyle program.

The third factor which demands our attention is the estimated 8,000 patients in state hospitals who could be cared for more appropriately in other ways if alternatives existed. Most of these patients require only medical or nursing home care, financial assistance or some other service. They do not need full-time residence in a specialized psychiatric hospital, but are there largely as a matter of expediency because little attention has been paid by society to better ways of providing for them. Many could live in a supervised non-medical facility and get their treatment nearby.

If medicine will lend its support to holding the line of these existing fronts—

If at the same time it deploys its efforts and resources toward establishing community programs where the physician can maintain responsibility and continuity in treatment of his patient—

Then we will see a final end to the wasteful custodial concept of psychiatric care, and in its place smaller intensive treatment hospitals and day treatment services.

Department of Mental Hygiene, State of California, 1500 Fifth Street, Sacramento.

## California Senate Urges Action on Chloramphenicol

The California Medical Association and other organizations in the medical field have been called upon by the California Senate to take steps to keep their members informed as to the uses and dangers of the drug chloramphenicol. The Senate also recommended that a system be set up for the gathering and dissemination of information about possible aberrant reactions to chloramphenicol and other antibiotic drugs.

The resolution follows:

### SENATE RESOLUTION NO. 151

#### Relative to Chloramphenicol

WHEREAS, The Senate Fact Finding Committee on Public Health and Safety has recently conducted a thorough investigation of the subject of use of chloramphenicol and the causal relationship between such use and death from aplastic anemia; and

WHEREAS, The committee concluded that a need for additional legislation is not now indicated, but that important contributions toward improved practices can be made by interested private associations and public agencies; now, therefore, be it

*Resolved by the Senate of the State of California,* That, pursuant to the recommendations of the Senate Fact Finding Committee on Public Health and Safety, the Senate urges as follows:

1. That the California Medical Association, the American Medical Association, the California State Dental Association, and the Southern California State Dental Association take immediate steps to better inform and to better police their members directly and through their various county units in regard to the drug chloramphenicol; that a program of education be undertaken, with proper warnings against use of this drug for minor infections, as specified by the Food and Drug Administration; that a program to improve the reporting of aplastic anemia cases, to emphasize the need for more thorough and more frequent blood and bone marrow checks, be undertaken; that the C.M.A. and A.M.A. investigate and report on any and all prescription drugs of a dangerous or toxic nature at regular intervals, both to physicians and pharmacists;

2. That steps be taken by the medical profession and by the pharmacists to provide that there shall be no refill of any prescription of chloramphenicol unless the patient and the physician consult and the physician writes a new prescription; that, where called for, the physician should be obligated to re-

peat laboratory testing of the patient before a new prescription is written;

3. That the State Department of Public Health should be authorized to keep a closer check on all antibiotic drugs which are known to have possible toxic reactions, and should proceed as necessary in order to protect the public interest in all phases of the testing, prescribing and use related to such drugs; and be it further

*Resolved*, That the Secretary of the Senate is directed to transmit copies of this resolution to the

Secretary of the California Medical Association, the Secretary of the American Medical Association, the Secretary of the California State Dental Association, the Secretary of the Southern California State Dental Association, the Secretary of the State Pharmaceutical Association, the State Director of Public Health, and the President of the State Board of Pharmacy.

Resolution read, and unanimously adopted on motion of Senator John A. Murdy, Jr., 35th Senatorial District.

